620-433 i NRS/CP6372833

Nixon & Vanderhye P.C. (10/99) (Domestic Non-Assigned/Foreign) Page 1

RULE 63 (37 C.F.R. 1.63) INVENTORS DECLARATION FOR PATENT APPLICATION IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

As a below named inventor, I hereby declare that my residence, mailing address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

		METHOD AND ME	EANS FOR MODULA	TING LIPID MET	ABOLISM	
the spe	cification of which (check	applicable box(es)):				
[]	is attached hereto					
[X]	was filed on	April 6, 2006	as U.S. Application	n Serial No.		(Atty. Dkt. No. 620-433)
įχį	was filed as PCT Interna	tional application No.	PCT/GB2004/0		on 29 Septembe	-
and (if a		application) was amended			20 Gepterrib	31 2004
•	.,		. O O. April 20	500		
I hereb	v state that I have reviewe	ed and understand the con	tents of the above ide	ntified execification	on including the stair-	
annemu	ment referred to above. I	acknowledge the duty to d	ISCINSE IN THE PATENT	()ttica all informat	tion known to make he	
Genned	"" >/ C.F.M. 1.30. Here	iov ciaim toreinn omoriiv ne	netits under 35 til S (: 110/365 At any	forcian analisation(s) (
nsted D	olow and have also identi	ilea deiow anv Ioreian add	lication for patent or II	iventors certificat	te having a filing date I	or patent or inventor's certificate before that of the application on
winch	monty is claimed of, it no	priority is claimed, before t	he filing date of this a	pplication:	•	and the same approaches of
Priority	Foreign Application(s):		_			
Application Number 0323348.3			Country			Day/Month/Year Filed
	0323346.3		GB			6 October 2003
I hereby	claim the benefit under	35 U.S.C. §119(e) of any U	Inited States provision	ol oppliantion(s)	the and to the contract of	
	Application Numb	er	Day/Month/Yea	rar application(s)	iisted delow.	
	,,	-	Day/Month/rea	riied		
						
I hereby	claim the benefit under 3	35 U.S.C. 120/365 of all pri	or United States and	PCT international	applications listed abo	ove or helow:
					11	
Prior U.S./PCT Application(s): Status: patented						
Application Serial No. Day/Month/Year Filed pending, abandoned						
	PC 1/GB2004/004 16	52	29 September	2004		
l hereby	declare that all statemen	ts made herein of my own	knowledge are true a	nd that all states.		ion and belief are believed to
be true;	and further that these sta	tements were made with the	nowledge are true a	no mai ali statem ful felse stateme	ents made on informat	ion and belief are believed to le are punishable by fine or
III I PI I SUI	imbili. Of COURT, under Sec	SKUN TUUT OT TINA 18 OF INA	United States Code (and that euch willf	ul folos statamanta	
applicati	ion or any patent issued ti	hereon. And on behalf of t	he owner(s) hereof, I	hereby appoint N	ixon & Vanderhye P C	y jeopardize the validity of the ., telephone number 703-816-
4000 (to	whom all communication	s are to be directed) and the	na attarnava ati Cili	stomer Ni	mbor 22117	individually and collectively
owner's/	owners' attorneys to pros	acute this application and	to transport all business	Stollier Mt	1111DEI 23117,	individually and collectively onnected therewith and with the
resulting	patent. I also authorize	Nixon & Vanderhye to add	or delete ettornous fr	is in the Patent ar	nd Trademark Office co	onnected therewith and with the nd rely solely on instructions
directly o	communicated from the p	erson, assignee, atterney,	firm or other organize	on that Custome	r Number, and to act a	nd rely solely on instructions
owner(s)).		inin, or olitor organiza	and seriality inst	ructions to mixon & va	ndernye on behalf of the
	1	T IPA	100			19.07. 2006
1.	Inventor's Signature:		<u>v</u>		Date:	(9.01. 0006
	Inventor:	Ivan	/)/	Pŧ	ETYAEV	Russia
	Residence: (city)	(first)	M		(last)	(citizenship)
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	(ZIP Code)	CB130E			······································	
2.	Inventor's Signature:					
	Inventor:		Date:			
		(first)	МІ	(lact)		
	Residence: (city)	5	****	MI (last) (citizenship)(state/country)		
	Mailing Address:			\5\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	/	
	(Zip Code)					

[] See attached sheet(s) for additional inventor(s) information!!